

## **Appendix 7: Education Classification Group Sample Survey Instrument**

**State of California**  
**Department of Personnel Administration**  
**2007 Total Compensation Survey**

**INTRODUCTION AND GENERAL INSTRUCTIONS**

CPS Human Resource Services, on behalf of the State of California, Department of Personnel Administration is conducting a Total Compensation Survey for a variety of benchmark classes. Your agency has been identified as a survey respondent. We would greatly appreciate your assistance in collecting the requested information.

This Total Compensation Survey instrument is comprised of three sections:

- The first section asks some general information questions with respect to your agency.
- The second section represents the Total Compensation Survey and provides structured salary data collection sheets on page 4. The descriptions for these survey classes are provided on pages 5. If your agency has a comparable class, please provide the requested information.
  - Note that the monthly minimum and maximum salary provided to your agency's comparable class is requested.
  - Please list the bargaining group that represents each of your agency's classes that you are able to match to the survey classes.
  - Please list the number of budgeted positions and filled positions for each comparable classification
- The third and fourth sections of this survey (pages 6-9), provides structured benefits data and retirement information collection sheets. This information is particularly critical to our efforts to survey for Total Compensation.
- The fifth section of this survey (page 10), requests information on recruitment and retention issues.

In completing the survey, we ask that you do the following:

1. Please complete all sections of the questionnaire using the **September 1, 2007** salary and benefit information for your agency's classification that matches the benchmark classification.
2. Please include **copies of your agency's salary schedules, organization charts and the classification specifications for the comparable classes**, or provide the website address where this information may be found.
3. Please return the survey by **September 28, 2007** to Monica Garrison Reusch, CPS Project Manager for the Total Compensation Survey. The completed form and background information can be sent via e-mail to [mgarrisonreusch@cps.ca.gov](mailto:mgarrisonreusch@cps.ca.gov), faxed to (916) 561-8418, or by mail using the enclosed prepaid Federal Express sticker.
4. If you have any questions about the survey or any of the data being requested, please contact Monica Garrison Reusch by e-mail or at (916) 263-3614, extension 3020.

Thank you for your cooperation and participation.

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PARTICIPATING AGENCY CONTACT INFORMATION

Please complete the following information so that we can track responses and follow-up as necessary.

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Agency Name

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Address

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Contact Name

Title

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Telephone Number

Fax Number

E-mail Address

## I. GENERAL INFORMATION

Please provide information regarding cost-of-living-adjustment (COLA) increases for the following groups:

- Professional Employees      Last COLA Date \_\_\_\_\_ Amount \_\_\_\_\_  
Next COLA Date \_\_\_\_\_ Amount \_\_\_\_\_

Please provide the number of hours per week (40, etc.) considered to be full time employment for the following:

- Education Programs Consultant \_\_\_\_\_

Please provide the requested information for the following Teacher classes:

- Teacher work hours per day: Academic Teacher\_\_\_\_\_ Vocational Teacher\_\_\_\_\_
- Teacher work days per year: Academic Teacher\_\_\_\_\_ Vocational Teacher\_\_\_\_\_
- Annual stipend paid for Teachers having Master's degree (if any)\_\_\_\_\_

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**II. COMPENSATION SURVEY**

Salary Data Collection Sheets – Refer to Descriptions on Page 5.

#	Survey Class Title	Your Agency's Class Title	Min. monthly salary (as of 9/07)	Max. monthly salary (as of 9/07)	If no match, list which class performs these duties	Bargaining Unit of matched class	Number of budgeted positions	Number of filled positions
1	Education Programs Consultant							
2	Institutional Teacher (Academic)							
3	Institutional Teacher (Vocational)							

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#	SURVEY CLASS	CLASS DESCRIPTION
1	Education Programs Consultant	This is a full journey level classification. Under general supervision, incumbents perform complex analytical duties in planning, developing, administering, and evaluation educational programs. This position provides consultative services in either general or special curricula and instructional program planning; provides developmental services for educational programs designed to improve educational efforts; and prepares and presents complex documents on sensitive policy issues.
2	Institutional Teacher (Academic)	These Teachers provide training and instruction in academic subjects to incarcerated youth. They give individual and group instruction, and conduct assessment and testing. These Teachers have the responsibility for supervising the conduct of the students while in the classroom. Typical tasks include: planning, assigning and monitoring work; maintaining control and discipline in the classroom; preparing courses of study and daily lesson plans; counseling students as to their progress; and working with students and helping them set and meet educational needs and goals. Institutional Teachers are required to possess a valid California Teaching Credential.
3	Institutional Teacher (Vocational)	Vocational Instructors provide instruction in trade and vocational subjects to, and participate in the rehabilitation of, incarcerated youth. Incumbents maintain order and supervise the conduct of the students, and maintain the safety of persons and property. The Vocational Instructor is required to: (1) Have five years of journey level work experience in the appropriate subject specialty. (2) Possess a valid California Teaching Credential which authorizes the holder to teach on a full-time basis a vocational course in the appropriate subject specialty.

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**III. BENEFITS SURVEY**

- This is a survey of your employee benefits and costs as of **September 1, 2007**.
- If employees do not receive a specific benefit, please enter "NA" for "not applicable" in the appropriate columns.
- Please report all premiums as a monthly cost.

CASH BENEFITS	
<b>Retirement Contribution Practices</b>	<b>Professional Employees</b>
What is the total <b>Employer</b> contribution, as a percentage of base salary?	
What is the total <b>Employee</b> contribution, regardless of who pays it, as a percentage of base salary?	
What is the percentage of the <b>Employee</b> contribution paid by <b>Employer</b> (if applicable)?	
What is the percentage of the <b>Employee</b> contribution paid by the <b>Employee</b> (if applicable)?	
<b>Deferred Compensation Practices</b>	<b>Professional Employees</b>
What is the maximum <b>Employer</b> contribution (enter as dollars or percentage of base salary)?	
<b>Longevity Pay Practices</b>	<b>Professional Employees</b>
Enter the amount paid per month, in dollars, or as a percentage of salary, for premium pay based on length of service. Enter each level of longevity pay including the year of service and corresponding pay amount.	
<b>Incentive/Bonus Pay</b>	<b>Professional Employees</b>
If you have an incentive or bonus program, provide the average amount paid across the organization at the last payout and the date of the last payout. Please attach the policy.	
<b>Social Security</b>	<b>Professional Employees</b>
Indicate whether your agency participates in Social Security at the full rate of 7.65% (Medicare and FICA), or 1.45% (Medicare only).	

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HEALTH BENEFITS	
Cafeteria Plan Practices - If your agency has a cafeteria plan provision, please answer the following questions.	<b>Professional Employees</b>
Enter <b>maximum</b> monthly amount paid by <b>employer</b>	
Enter <b>maximum</b> monthly amount paid by <b>employee</b>	
List below benefit items this payment is intended to cover (i.e.: medical, dental, etc.). <b>If your employees can receive payment in lieu of benefits, please provide the maximum amount they can receive, and indicate whether they can receive it in cash or deferred compensation.</b>	

For health-related benefits, provided separate from a cafeteria plan, please base your responses on the **most commonly selected plan** (combined employer and employee contribution) for family coverage.

<b>Medical Insurance Costs</b>	<b>Professional Employees</b>
List the <b>employer's maximum</b> contribution for full family coverage (for the most commonly selected plan).	
List the <b>employee's maximum</b> contribution for full family coverage (for the most commonly selected plan).	
<b>Dental Insurance Costs</b>	<b>Professional Employees</b>
List the <b>employer's maximum</b> contribution for full family coverage (for the most commonly selected plan). If cost is included in medical, indicate by entering "inc."	
List the <b>employee's maximum</b> contribution for full family coverage (for the most commonly selected plan).	
<b>Vision Insurance Costs</b>	<b>Professional Employees</b>
List the <b>employer's maximum</b> contribution for full family coverage (for the most commonly selected plan). If the cost is included in medical, indicate by entering "inc."	
List the <b>employee's maximum</b> contribution for full family coverage (for the most commonly selected plan).	



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LEAVE PRACTICES		
<b>Vacation Leave</b>	<b>Professional Employees</b>	
Enter the number of <b>days</b> accrued per year for each year of service, as well as the maximum amount that can be accrued in that year.	Annual Accrual	Max Accrual
Year 1		
Year 5		
Year 10		
Year 15		
Year 20		
Maximum Accrual Rate		
List the year of service for maximum accrual		
<b>Sick Leave</b>	<b>Professional Employees</b>	
List the number of <b>days</b> per year and the maximum accrual.	Annual Accrual	Max Accrual
<b>Holidays</b>	<b>Professional Employees</b>	
List the number of holidays provided each year to each group.		

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IV. RETIREMENT INFORMATION	
Retirement Benefit Information	Professional Employees
What is the retirement formula provided to employees (e.g. <u>2% @ 55</u> , etc.)?	
What is the compensation component of your agency's retirement formula (e.g. highest year, etc.)?	
Please list the retirement plan your agency provides to employees (e.g. 37 Act, CalPERS, etc.).	
What is your agency's vesting policy for <u>eligibility for retirement</u> (e.g. employee must have at least 5 years of service to be eligible)?	
<p>What is the monthly amount paid by the <b>employer</b> for <b>retiree medical coverage</b> for the following categories? Please use the most common medical plan as the basis for the premium (e.g. Kaiser, Blue Shield HMO or PPO, etc.) and identify what the most common plan is.</p> <p style="text-align: center;"><b>Retiree Only</b></p> <p style="text-align: center;"><b>Retiree and Spouse</b></p> <p style="text-align: center;"><b>Retiree and Family</b></p> <p style="text-align: center;"><b>Most Commonly Used Plan</b></p>	
<p>What is the monthly amount paid by the <b>employer</b> for <b>retiree dental coverage</b> for the following categories? Please use the most common dental plan as the basis for the premium and identify what the most common plan is.</p> <p style="text-align: center;"><b>Retiree Only</b></p> <p style="text-align: center;"><b>Retiree and Spouse</b></p> <p style="text-align: center;"><b>Retiree and Family</b></p> <p style="text-align: center;"><b>Most Commonly Used Plan</b></p>	
<p>Does your agency have a vesting policy for <u>eligibility for retiree medical and/or dental</u> (e.g. employee must have at least 5 years of service to be eligible)?</p> <p><b>If yes, what is the eligibility requirement?</b></p>	

V. RECRUITMENT AND RETENTION

For the classifications included in this survey, does your jurisdiction have employee recruitment and retention problems? If so, please circle the affected classifications below.

Educational Programs Consultant

Institutional Teacher (Academic)

Institutional Teacher (Vocational)

Please explain what steps your jurisdiction is taking to help alleviate any recruitment and retention problems.

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